West Bank Wrestling Academy

Wrestler Waiver Form

Wrestler Information

Name: T-Shirt Size:

Date of birth:

Address: City: State:

Zip:

School:

Insurance Carrier: ID#

Family Physician: Phone#

Parent's / Guardian's Name

Mom:

Dad:

Mom's Cell: Mom's Email:

Dad's Cell: Dad's Email:

Emergency Contact

Name & Relation:

Phone Number:

West Bank Wrestling Academy

I, the undersigned parent or legal guardian of the above named wrestler, hereby give my permission for my child to participate in all West Bank Wrestling Academy activities, including practices, training sessions, competitions, events, and related activities. I understand that participation in wrestling and related activities involves inherent risks, including, but not limited to, injuries that may occur during practices, training, competitions, or other activities, as well as risks associated with transportation to and from such activities. I knowingly and voluntarily assume these risks on behalf of myself and my child.To the fullest extent permitted by law, I hereby release, waive, discharge, and hold harmless West Bank Wrestling Academy, its coaches, instructors, organizers, volunteers, sponsors, supervisors, representatives, and affiliated individuals or organizations from claims arising from my child's participation in West Bank Wrestling Academy activities, except to the extent caused by conduct that cannot legally be released or waived. I also acknowledge that West Bank Wrestling Academy does not control or assume responsibility for transportation provided by parents, guardians, or other individuals. I release West Bank Wrestling Academy and its representatives from claims arising from transportation to or from activities, to the fullest extent permitted by law. In the event my child is injured or requires medical attention during a West Bank Wrestling Academy activity, I authorize the Academy, its coaches, supervisors, or designated representatives to obtain reasonable emergency medical care for my child when I cannot be reached. I understand that medical treatment may be provided by qualified medical professionals as deemed necessary for my child's health and safety. I understand that I am responsible for providing accurate and current medical information and for notifying West Bank Wrestling Academy of any medical condition, injury, allergy, medication, restriction, or other circumstance that may affect my child's ability to safely participate.

Parent / Guardian Signature:_____ Date:

*Waiver is valid for two years from the signed date.